Only

PAGE 1 / 5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Lockheed Martin Corporation Employees' Political Action Committee 2121 Crystal Drive ADDRESS (number and street) Suite 100 (Check if address is changed) Arlington 22202 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS marta.l.smith@lmco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00303024 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Head, Robert, , Mr., Type or Print Name of Treasurer Head, Robert, , Mr., [Electronically Filed] 09 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	raye <b>z</b>				
Can	didate	lidate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(5)				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name	е	
Lockheed Marti	in Corporation Employees' Political Action	Committee
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
Lockheed Martin Corp	oration	
Mailing Address	2121 Crystal Drive	
g	Suite 100	
	Arlington VA 22202	
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connected	d Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
Smith, Ma	urta, , Ms.,	
Full Name	,2121 Crystal Drive	
Mailing Address	Suite 100	
	Arlington VA 22202	
Title or Position	CITY STATE	ZIP CODE
Sr Manager Federal a		413 - 6964
<ol> <li>Treasurer: List the name and any designated agent (e.g., a</li> </ol>	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Head, Rob	pert, , Mr.,	1
of Treasurer	2121 Crystal Drive	
Mailing Address	Suite 100	
	Arlington	
	CITY STATE	ZIP CODE
Title or Position Director, Govt. Rel.	Telephone number 703 - [	413 - 6990

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	I , , , , , , , , , , , , , , , , , , ,	, , , , , I
Agent		
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		1.1
	Telephone number	
Name of Bank, I	Wells Fargo Bank  NC8502  PO BOX 563966  Charlotte  NC   28256-3966	
	CITY STATE ZIF	P CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY STATE ZIF	P CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

To notify of a change of PAC Treasurer & to update bank information.

Form/Schedule: Transaction ID: